

IPDR6702		NORTH CAROLINA			PAGE: 1		
RUN DATE: 12/02/2007		IPRS CHECKWRITE SUMMARY REPORT					
		CHECKWRITE DATE: 12/04/2007					
		FINANCIAL PAYER: NCDMH					
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS
							PAID
3404901	SMOKY MOUNTAINM	8535	738	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH			
	H/DD/SAS						
		8534	5	SERVICE FACILITY LOCATION IS NOT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	743	743
							0
3404904	WESTERN HIGHLAN	8599	146	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
	DS LME						
		8518	49	*CLAIM DENIED. SUBMITTED BEYOND TIMELY FILING LIMIT IN EFFECT FOR THIS FISCAL YEAR	0	271	14863
							14592
		8800	27	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.			
3404910	PATHWAYS	21	536	DUPLICATE OF CLAIM-SYSTEM			
		8505	309	CLAIM DENIED DUE TO INSUFFICIENT BUDGET	0	1137	7389
							6252
		8599	114	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
3404912	CATAWBA COUNTYM	8599	107	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
	ENTAL HEALT						
		8505	14	CLAIM DENIED DUE TO INSUFFICIENT BUDGET	0	139	3036
							2897
		120	9	CLIENT ID NUMBER MISSING OR INVALID. ENTER CID AND SUBMIT AS A NEW CLAIM			
3404913	MECKLENBURG COM	8505	6282	CLAIM DENIED DUE TO INSUFFICIENT BUDGET			
	ENTAL HEALT						
		8800	1804	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	9010	9156
							146
		8508	366	CLAIM DENIED NO BUDGET FOUND			
3404916	CROSSROADS BEHA	8599	163	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
	VIORAL HEAL						
		79	38	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	273	4930
							4657
		3412	21	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D			
3404917	CENTERPOINT HUM	8505	173	CLAIM DENIED DUE TO INSUFFICIENT BUDGET			
	AN SERVICES						
		11	122	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	413	2795
							2382
		8599	60	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL ROBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8505	3145	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	939	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	4885	5585	700
		8508	499	CLAIM DENIED NO BUDGET FOUND				
3404920	ALAMANCE CASWEL L AREA MH D	11	101	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	101	106	5
3404921	ORANGE PERSON C HATHAM AREA	8505	51	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	41	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	159	3227	3068
		191	25	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404922	THE DURHAM CENT ER	8505	1681	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	569	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	2580	4991	2411
		11	173	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404923	FIVE COUNTY MH	8505	713	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8508	562	CLAIM DENIED NO BUDGET FOUND	0	2041	2241	200
		8329	471	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	3207	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8508	648	CLAIM DENIED NO BUDGET FOUND	20	5303	5517	214
		8800	496	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404926	SOUTHEASTERN RE G MENTAL HL	8518	190	*CLAIM DENIED. SUBMITTED BEYO ND TIMELY FILING LIMIT IN EFFECT FOR THIS FISCAL YEAR				
		8536	94	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	1	551	3974	3423
		11	74	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404927	CUMBERLAND CO M HC	8518	55	*CLAIM DENIED. SUBMITTED BEYO ND TIMELY FILING LIMIT IN EFFECT FOR THIS FISCAL YEAR				
		8599	47	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	177	1647	1470
		8505	38	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL ROBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404930	JOHNSTON COUNTY MNTL HLTHC	11	21	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	21	21	0
3404931	WAKE CO HUM SVC BILLING OF	8505	751	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	567	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	23	2150	7340	5190
		8599	165	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	703	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	85	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	966	5918	4952
		191	83	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404934	ONslow CARTERET BEHAV HEAL	8535	405	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
		8599	253	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1054	3328	2274
		8518	178	*CLAIM DENIED. SUBMITTED BEYO ND TIMELY FILING LIMIT IN EFFECT FOR THIS FISCAL YEAR				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	8518	3	*CLAIM DENIED. SUBMITTED BEYO ND TIMELY FILING LIMIT IN EFFECT FOR THIS FISCAL YEAR				
		8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	6	1216	1210
3404939	EAST CAROLINA B EHAVIORAL H	8599	253	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		3411	99	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	0	582	6516	5934
		21	74	DUPLICATE OF CLAIM-SYSTEM				
3404941	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL CLAIMS	TOTAL CLAIMS

NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	8518	104	*CLAIM DENIED. SUBMITTED BEYO				
	L HEALTH CE			ND TIMELY FILING LIMIT				
				IN EFFECT FOR THIS FISCAL YEAR				
		8599	45	DETAIL NOT COVERED BY COMBINAT	11	222	1690	1468
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	22	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404944	EASTPOINTE HUMA	8599	31	DETAIL NOT COVERED BY COMBINAT				
	N SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8518	4	*CLAIM DENIED. SUBMITTED BEYO	0	41	1864	1823
				ND TIMELY FILING LIMIT				
				IN EFFECT FOR THIS FISCAL YEAR				
		21	3	DUPLICATE OF CLAIM-SYSTEM				
3404946	FOOTHILLS AREAM	8599	109	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	49	DUPLICATE OF CLAIM-SYSTEM	1	215	1029	814
		8518	20	*CLAIM DENIED. SUBMITTED BEYO				
				ND TIMELY FILING LIMIT				
				IN EFFECT FOR THIS FISCAL YEAR				